

CLAIMS ONLY

Application Number 101798870	Filing Date
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Applicant(s) _____

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
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Total Indep	/					
Total Depend	/					
Total Claims	2					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims						